

city of **NEWPORT BEACH**



benefits

UPEC

Employee Information Guide

Plan Year 2013

Your Benefits

Your Human Resources Department would like to take this opportunity to communicate important information about the benefits being offered for the 2013 calendar year at the City of Newport Beach. The following information is provided to help you through the open enrollment process.

Open Enrollment Period - The open enrollment period is for you to make necessary choices and/or changes to your 2013 medical election and is **September 10th through October 5th, 2012**.

This is the time of the year to:

- Make changes to your current medical election
- Add or delete dependents
- Waive medical insurance coverage - If you provide proof of other group or individual medical insurance coverage you may be eligible to waive coverage under the City of Newport Beach's group medical plan and receive a taxable amount of money for hours worked. If you are eligible to opt out and wish to do so, you must complete the City of Newport Beach Waiver of Benefits and Release Agreement form and attach your proof of other medical group or individual coverage. Please note: Proof of other coverage must be in effect for the duration of the following plan year.
- If you wish to waive **both** your enrollment in a health plan **AND** the City's contribution, you may do so. Please indicate this choice by checking the appropriate box on the City of Newport Beach Waiver of Benefits and Release Agreement. Please note that you will **NOT** receive a taxable amount of money for hours worked if you select this option. This option is primarily for those individuals who do not have group or individual coverage. Lack of any group or individual coverage **IS NOT** acceptable under IRS rules to allow you to opt-out of the City's group coverage and receive the cafeteria allowance as a taxable amount of money for hours worked.

Important Eligibility Information

- Eligible dependents include legal spouses and dependent children to age 26.
- **If your dependent becomes ineligible for coverage under the City's plan due to a qualifying event, you must report the qualifying event to the City Human Resources Department within 60 days of the event.** Qualifying events for loss of coverage: divorce, attainment of maximum age limit or otherwise fails to meet the criteria of the plan. **Failure to report the qualifying event within the required 60 days may result in the loss of rights for continuation of coverage (COBRA).** You may also be responsible for premiums and claim expenses paid on behalf of your ineligible dependents.
- **If you acquire a new dependent due to a qualifying event, you must request their enrollment into the City's health plans within 60 days of the qualifying event or wait to enroll them during the next open enrollment period.** Qualifying events are: marriage, birth, adoption or placement for adoption of a child and obtaining legal guardianship of a child.
- If you waive coverage due to other group or individual coverage and later lose that coverage, you must show proof of loss and enroll in one of the City's medical plans within 60 days from the date of the loss of coverage or wait until the next open enrollment period.

IRS GUIDELINES WILL NOT ALLOW EXCEPTIONS TO THESE ELIGIBILITY PROVISIONS.

NOTE: The Pacific Federal plans are terminating effective December 31, 2012. Eligible participants must either elect to waive health coverage or enroll in a CalPERS medical plan by the close of Open Enrollment, October 5, 2012 in order to have medical insurance effective January 1, 2013.

The new plan changes for Plan Year 2013 are as follows:

CalPERS Kaiser HMO:

- There are no plan changes for 2013.

CalPERS Blue Shield:

- Partnership with Teladoc Inc. to provide subscribers with 24/7/365 access to doctors by phone or secure video. Teledoc doctors are U.S. board certified and can be used for non-emergency issues. Physicians can also write prescriptions which can be called into a local pharmacy.

CalPERS Blue Shield NetValue

- Adding providers in San Bernardino and San Diego Counties.

CalPERS Select

- Expanding service area all counties in California.

CalPERS PERS Choice, PERSCare and PERS Select Plans

- Adding more hip and knee replacement facility centers in California.

Prescription Benefit Basics (Applies to CalPERS PPO plans only):

CVS Caremark

- CalPERS selected CVS Caremark to administer prescription benefits for PPO plans effective January 1, 2012.
- Maintenance Choice Program- allows members to pick up a 90-day supply of medication directly from a CVS pharmacy at their convenience. Members will pay their typical mail order co-pay for a prescription on the same day and be able to talk face-to-face with a pharmacist.
- Members are able to save money by choosing "best choice" medications (generics and preferred brands) and 90-day supplies, where appropriate, in the iBenefit personalized mailing program.

UPEC Members who do not elect or provide sufficient proof of medical coverage will not receive their medical allowance.

Benefits Assistance Information

CALPERS Member Services

<http://www.calpers.ca.gov>

Member Services: (888) 225-7377

CalPERS MEDICAL PLANS:

Blue Shield Access+ HMO
Member Services: (800) 334-5847
Website: <https://www.blueshieldca.com/>

Blue Shield Net Value HMO
Member Services: (800) 334-5847
Website: <https://www.blueshieldca.com/>

Kaiser Permanente HMO
Member Services: (800) 464-4000
Website: www.kaiserpermanente.org

PERS Care PPO
Member Services: (877) 737-7776
Website: www.bluecrossca.com

PERS Select PPO
Member Services: (877) 737-7776
Website: www.bluecrossca.com

PERS Choice PPO
Member Services: (877) 737-7776
Website: www.bluecrossca.com